

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155777		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2012	
NAME OF PROVIDER OR SUPPLIER CREASY SPRINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1750 S CREASY LN LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00116980.</p> <p>Complaint IN00116980- Substantiated. No deficiencies related to the allegation are cited.</p> <p>This visit is in conjunction with the Post Survey Revisit (PSR) completed on October 11, 2012 to the PSR completed on August 16, 2012 to the Recertification and State Licensure survey completed on June 28, 2012.</p> <p>Survey dates : October 10 and 11, 2012</p> <p>Facility number : 012285 Provider number : 155777 AIM number : 201006770</p> <p>Survey team : Michelle Hosteter, RN- TC Michelle Carter, RN</p> <p>Census by bed type: SNF- 42 SNF/NF- 17 Residential- 50 Total= 109</p> <p>Census by payor type: Medicare- 29 Medicaid- 4 Other-76 Total= 109</p> <p>Sample : 3</p> <p>Creasy Springs Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 and 410 IAC 16.2 in regard to the Investigation of Complaint IN00116980. Quality review completed on October 15, 2012 by Bev Faulkner, RN			F 000			